

THE MAINE SCHOOL-BASED HEALTH CENTERS STANDARDS



Healthy Maine Partnerships
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Bureau of Health, Department of Human Services

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Judy Angsten

Cindy Flye

Lisa Belanger

DeEtte Hall

Barbara Crowley

Bonnie Hopper

Judy Feinstein

Barbara Leonard



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INTRODUCTION

The School-Based Health Centers (SBHCs) in Maine provide primary health care and mental health services to students from pre-kindergarten through twelfth grade. These centers are located on school grounds, where students have easy access, and are staffed by licensed medical providers. They may be operated by the school or by community health agencies. Some SBHCs may include primary care providers from the community as staff, and some SBHCs may also play the role of “primary care provider of last resort.” All SBHCs play a critical role as a partner with community providers to optimize health outcomes for students by monitoring their health and enhancing their access to needed care.

The SBHC standards have been developed by the Bureau of Health, the State agency that administers grants to the SBHCs, and representatives and advocates for the SBHCs throughout the State. They are intended to provide guidance for the SBHCs and entities working with the SBHCs and outline expectations for quality operations and provision of services. The intent of these standards is not to supersede Maine Law, but to give the SBHCs additional guidance. Requirements that are specified by law and regulation are emphasized by the use of the word “must.” Standards that are not specified by law but are considered important for program success use the word “should.”

National Committee for Quality Assurance (NCQA) 1997 standards provided the initial outline for these standards. The Principles and Goals for the SBHCs developed by National Assembly on School-Based Health Care (NASBHC) and standards developed by other states and summarized by the National Assembly on School-Based Health Care (NASBHC) were used as additional references. Cross-references with the current NCQA standards, and NASBHC principles and other states’ standards are included in Appendices 1, 2, and 3.

Definitions: For the purpose of these standards, a School-Based Health Center is defined as a site located on school premises, providing at a minimum eight hours of primary care services per week and having these services at least two days per week. Some SBHCs also provide behavioral health services (mental health and substance abuse services) and/or primary oral health services. In addition to School-Based Health Centers, some agencies and schools collaborate to provide school-linked physical and behavioral health services and others provide only school-based behavioral health services. School-linked programs provide similar services to school-based programs, but are located off school grounds at community agencies that have cooperative agreements or memoranda of understanding with the school and/or services specifically designed to meet student needs. At some schools, limited expanded school health services are provided, but if these services are less than the minimums listed above, these services are not defined as a School-Based Health Center. Although many of these standards may be applicable to school-linked health services, school-based behavioral health services, and limited expanded health services, they may not all be applicable and are not intended to encompass all of the issues that these arrangements may need to address. Such programs are encouraged to review these standards and adopt as many of them as they deem appropriate.

Please note that these standards refer at different times to *clients* meaning all those, including any non-students, who are receiving the SBHC services beyond school nursing services, and to *students*, meaning all students enrolled in the school regardless of participation in the SBHC.



SECTION A STRUCTURE AND ACCESS TO SERVICES

The SBHCs may vary considerably in their organizational structure and scope of services offered. However, all the SBHCs should have structural and programmatic supports in place that allow them to serve the needs of students in the school and provide quality services.

STANDARD A1. GOVERNING STRUCTURE

The SBHC governing structure should include:

- A clinical director (defined as an individual who carries a current license to provide primary care independently in the State of Maine) who provides guidance in program development, delivery of services, and other program activities.
- An advisory committee or board that provides guidance in program and policy development. The committee or board should consist of representatives from the school, the community (including local physicians), families, and students. The advisory committee or board should meet at least annually and meetings should be documented.
- Documentation describing the organizational governing structure and all established policies and procedures.

STANDARD A2. FACILITIES

The SBHC should have facilities that are appropriate for the services it provides. These must include:

- A location that is accessible to all students and clients.
- A secure place to store medical records (See Section Standard G37, Record Keeping System).
- A secure place to store lab supplies and pharmaceuticals. Supplies and drugs should be inventoried regularly, and outdated items disposed of appropriately.
- Current fire and building safety certificates and appropriate liability coverage.

The facilities should also have:

- A waiting and reception area that allows for appropriate confidentiality.
- Appropriate space for confidential counseling if behavioral health services are offered on-site.
- Policies and procedures that comply with laws and regulations governing health facilities, including those specifically regarding infection control and laboratory operations.
- At least one exam room that provides for privacy and has a hand-washing sink.
- Confidential telephone and fax access. (See Section Standard E27, Client Communication.)
- Clearly marked exits.
- Appropriate safety, emergency, and first aid supplies.
- All areas are clean and free of hazards.

STANDARD A3. MISSION

The SBHC should establish a clear mission. This mission should help define the SBHC's scope of services and include public health goals of:

- Assessment of the health status and health needs and strengths of the school population.
- Development of sound school health policies through collaboration with and assistance to the school nurses and other school health and administrative personnel.
- Assurance of access to high quality, age-appropriate health services, including behavioral health services, for all students.
- Early prevention and health promotion for the school-aged population.
(See also Section B, Health Services.)

STANDARD A4. NEEDS ASSESSMENT

The SBHCs should base their services on a local assessment of needs and resources. The needs assessment should:

- Be a clearly defined process.
- Include the participation of students, families, school staff, community providers, and other stakeholders.
- Be regularly updated.

STANDARD A5. NONDISCRIMINATION

In accordance with the Maine Human Rights Act (Title 5, Section 4552), the SBHCs must not discriminate against students based on race, color, sex, physical, or mental disability, religion, ancestry, or national origin. This policy should be clearly communicated to students, families, school staff, and community members. They should demonstrate sensitivity to issues of special populations such as lesbians, gays, and bisexuals, learning disabled students, physically or emotionally disabled students, and racial and ethnic minorities.

STANDARD A6. ACCESSIBILITY OF PRACTITIONERS AND SERVICES

The SBHC should document that it has policies and procedures to assist in assuring students' and clients' access to primary care, behavioral health, and oral health services. The SBHC should have a plan to identify and eliminate or reduce barriers to access that includes:

- Adequate and consistent hours of services at times convenient for students. "Adequate" hours should be defined by the needs of the population, but should include enough open days and hours per week that students are familiar with the SBHC staff and can make appointments that do not interfere with classroom learning. This standard is met for Maine SBHCs if the SBHC provides a combination of physical health services by a nurse practitioner, physician assistant, or physician for at least:
 - eight hours per week, and
 - two days per week, for a minimum of one hour each of those days.
- Assistance for clients in establishing a medical home, defined as an identified primary care provider who provides for:
 - accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective medical care, including regular preventive care.

- a partnership of mutual responsibility and trust between the provider and the client and family.
 - access to 24-hour, 7-day-a-week, on-call coverage for provision of acute care as needed.
 - management of chronic conditions.
 - referrals for subspecialty care and ancillary services as appropriate.
 - coordination of care with all clients' providers as appropriate.
- Policies and procedures that:
 - define the clients who will be served in the SBHC.
 - assure that the ability to pay will not be a barrier to enrollment.
 - specify arrangements for timely access to care 24 hours a day and seven days a week, through the medical home as described above or through alternate arrangements when a medical home has not yet been established.
 - provide for continuity of care during summers and school vacations, through the medical home as described above or through alternate arrangements when a medical home has not yet been established, including access to records during these periods.

STANDARD A7. FISCAL ACCOUNTABILITY

The SBHC should have an accounting system in place that budgets and tracks income and expenses and allows for regular reviews by the advisory committee and sponsoring organizations.

STANDARD A8. BILLING AND CONTRACTING WITH HEALTH PLANS AND MAINECARE

The SBHC should develop the capacity to bill for services as appropriate. They should be familiar with requirements of MaineCare and the major health plans (private health care insurers) of their client population. Where possible the SBHC should seek membership in appropriate health plan networks. The SBHC and its practitioners should:

- Assess the insurance status of all clients.
- Provide information and assistance to uninsured clients in the MaineCare enrollment process.
- Provide for appropriate health plan and MaineCare access to their members' medical records at the SBHC to the extent that the law permits.
- Seek reimbursement when the requirements of reimbursement would not compromise the quality of care, including maintaining confidentiality and communicating with patients regarding treatment alternatives.
- Cooperate with health plans' credentialing requirements, including the health plans' supervision requirements and quality assurance program and activities, as appropriate, recognizing that credentialing and re-credentialing are keys to health plan quality standards and appropriate reimbursement. (See also Section D, Quality Management and Improvement.)



SECTION B HEALTH SERVICES

Although the specific mix of services should be determined by the needs of the SBHC's population; at a minimum, the SBHC should provide primary direct care that includes assessment, diagnosis, and treatment provided by a nurse practitioner, a physician assistant, or a physician. The SBHC should have policies and procedures for promoting preventive health services, managing chronic health conditions, providing care for acute medical conditions, enabling access to behavioral health services, addressing preventive and immediate oral health needs, and making appropriate referrals with follow-up for services not provided directly. Services at the SBHCs should be designed to provide health promotion and education and early intervention of disease and illness. (Also see Standard D24, Clinical Practice Guidelines.)

STANDARD B9. SCOPE OF SERVICES

The SBHC should have written policies that outline the scope of services provided, including which services will be provided directly and which will be referred to other community providers. All primary health, oral health, and behavioral health needs of enrolled clients should be addressed in the scope of services either by direct provision of the services or through referral to community health providers.

STANDARD B10. PREVENTIVE CARE

The SBHC should provide preventive care for all students who visit the center for a preventive physical exam and all students who visit the center at least three times in the course of a school year. The preventive care should follow appropriate *Bright Futures Guidelines* and include an assessment of risk and protective factors. The *Bright Futures Guidelines* can be accessed at: <http://www.brightfutures.org/bf2/about.html>.

STANDARD B11. ACUTE CARE

The SBHC should provide assessment and treatment of acute medical conditions in a timely manner, including providing appropriate intervention and referrals. The SBHC should have written policies that define its role in urgent medical care in the school. (See also Section E, Communication and School Health Coordination.)

STANDARD B12. BEHAVIORAL AND MENTAL HEALTH SERVICES

Behavioral health services are defined in these standards as services that address substance use, mental health, and related conditions. The SBHC should provide initial assessment and treatment or referrals for behavioral health needs of enrolled students. The SBHC should have written policies that define its role in behavioral health crises in the school. (See also Section E, Communication and School Health Coordination.)

STANDARD B13. CHRONIC HEALTH CONDITIONS

The SBHC should have policies and procedures designed to improve the health status of clients with chronic health conditions, including chronic mental health conditions. The center should identify clients with known chronic conditions and assist them with management plans as appropriate. The center should follow up with clients with newly diagnosed chronic conditions to ensure coordination with primary care and other providers. (See also Standard A6, Accessibility of Practitioners and Services, and Standard E27, Client Communication.)

STANDARD B14. ORAL HEALTH CARE

The SBHC should provide referrals or treatment for oral health services, including preventive care, urgent restorative care, and the establishment of an “oral health home.”



SECTION C PROFESSIONAL COMPETENCY

Licensing and training are essential to ensure that the SBHC services are provided by appropriate professionally competent practitioners. The SBHC should have policies and procedures in place to reflect the following standards:

STANDARD C15. LICENSING AND BACKGROUND CHECKS

Professional providers should be licensed and practice according to State licensing standards. The SBHC should have a process in place for ensuring new employees have proper licenses and credentials and for annually reviewing licensing, credentialing, and sanctions. School nurses employed by the SBHC should have school nursing certification through the Maine Department of Education. All the SBHC staff should have background checks according to Department of Education policies for school personnel.

STANDARD C16. CONTINUING EDUCATION AND TRAINING

All staff and practitioners at the SBHC should obtain appropriate continuing education to improve and maintain their knowledge and skills. All staff should receive appropriate training in the SBHC's policies and procedures, medical record keeping, and billing procedures. The SBHC should network with other SBHCs in the State at regular meetings to improve and maintain their knowledge of issues particular to the SBHCs.

STANDARD C17. SUPERVISION

The SBHC should provide for supervision that satisfies the licensure requirements of providers. A medical consultant should be available to consult with all the SBHC staff as needed during hours when services are being provided.

STANDARD C18. ANNUAL PERFORMANCE APPRAISALS

All the SBHC staff should have annual performance appraisals completed by their employer to evaluate their professional performance, judgement, and clinical competence. Performance appraisals will be based on the following data, as appropriate:

- Client satisfaction and complaints.
- Quality improvement activity information, including participation in quality improvement plan and outcome assessments.
- Clinical care via client record reviews.

STANDARD C19. DISCIPLINARY PROCEDURES

The SBHC has policies and procedures that enable the employer to appropriately discipline practitioners for issues of deficient quality of care and inadequate or inappropriate service delivery. These policies and procedures should outline the organization's actions for:

- Developing a work plan to improve a practitioner's performance.
- Listing circumstances that would constitute grounds for immediate suspension or termination.
- Establishing an appeals process within the disciplinary process.
- Informing practitioners of the disciplinary process.
- Communicating with the school if it is not the employer.

STANDARD C20. PERSONNEL FILES

All employees should have job descriptions and resumes on file and should be appropriately trained for their assigned duties. Personnel files should include appropriate records of annual performance appraisals and disciplinary actions. Professional staff personnel files should include documentation of appropriate licenses, credentialing, and certification. Personnel policies should include a description of what, when, and how appropriate information will be shared with cooperating organizations such as the school.

STANDARD C21. FIRST AID AND CPR

The SBHC staff should be trained in general first aid and CPR.



SECTION D

QUALITY MANAGEMENT AND IMPROVEMENT

The objective of a quality improvement (QI) program for the SBHC is to monitor and improve clinical care. A quality improvement program should include short- and long-term goals, describe the activities for reaching those goals, establish a time frame for accomplishing goals, and develop a mechanism for evaluation progress.

STANDARD D22. QUALITY IMPROVEMENT PROGRAM STRUCTURE

The SBHC should define a quality improvement program, allocate adequate personnel and other resources, and assign responsibilities to appropriate individuals. The QI program should include the following elements:

- Designation of an individual responsible for quality improvement, such as the clinical director or a medical consultant. The designated individual should carry a current license to provide primary care independently in the State of Maine and have significant involvement in the implementation of the QI program.
- An annual QI work plan or schedule of activities (*e.g.*, monitoring for identified issues, regular medical record reviews, and QI program evaluations) in which all staff have an active role. (Please see Standards C16, Continuing Education and Training, and C18, Annual Performance Appraisals, for further information on practitioners' roles in QI and training.)
- A regular review of the QI plan, activities, and results by the SBHC advisory committee or board with related recommendations.
- Appropriate involvement with State, school, and health plans' QI activities. (See Standard A8, Billing and Contracting with Health Plans and MaineCare, for involvement in health plans' QI activities.)

STANDARD D23. SATISFACTION

The SBHC should have a system for assessing and assuring client satisfaction. Client satisfaction elements include, at a minimum, timely and low-barrier access to care, courteous, respectful, and helpful staff; good provider communication; allowance for enough time in appointments; and appropriate confidentiality.

Components of this system should include at a minimum:

- An annual client satisfaction survey.
- Periodic satisfaction surveys of families, the school population (students and staff), and community health care providers.
- Periodic review of member satisfaction results by practitioners and the advisory board. (See also Standard F35, Grievances.)

STANDARD D24. CLINICAL PRACTICE GUIDELINES

The SBHC should adopt and follow practice guidelines for providing care to clients with acute and chronic conditions. The SBHC should demonstrate the following:

- Clinical guidelines based on reasonable medical evidence and other established practice guidelines, such as those from the American Academy of Pediatrics.
- Policies and procedures that ensure safe and effective drug prescription and dispensing.
- Practitioners who are involved in adoption and periodic review of guidelines.
- Mechanisms that are developed to review guidelines every two years.
- Education of practitioners regarding guidelines.
- Client education and clinical care that are consistent with guidelines.

STANDARD D25. DATA COLLECTION AND ANALYSIS

The SBHC should collect and analyze clinical data to measure performance against State and professional standards. This data should be shared appropriately with practitioners and the advisory committee. It should be used to identify and implement interventions that will improve performance and to measure effectiveness of program activities.

STANDARD D26. CLINICAL QUALITY IMPROVEMENT ACTIVITIES, INCLUDING INTERVENTION AND FOLLOW-UP

The quality improvement program's composition should reflect the SBHC delivery system and important clinical issues of its clients, including the following:

- The SBHC should have a procedure for annually evaluating whether students are receiving preventive care, including oral health care.
- At least every two years, the SBHC should select at least one relevant clinical condition from primary care services or behavioral health services. This condition should be monitored and reviewed. Recommendations for service improvement should be developed based on this review.
- The SBHC should monitor utilization, continuity, and coordination of care for its clients.



SECTION E

COMMUNICATION AND SCHOOL HEALTH COORDINATION

As partners with community providers, the SBHC should establish communication policies and procedures that provide for quality patient care, organizational accountability, continuity of care, and patient confidentiality. As partners with the school, the SBHCs should have guidelines to define appropriate roles of school nursing and the SBHC services. These guidelines should be developed cooperatively with the SBHC organization and the school and satisfy Department of Education guidelines for school nursing as well as the SBHC guidelines. The guidelines should describe how the SBHC will be an integrated part of a coordinated school health program and will further Maine Learning Results.

STANDARD E27. CLIENT COMMUNICATION

The SBHC should have policies and procedures for appropriately communicating with clients, parents or guardians, primary care providers, and other health providers. These policies should provide for:

- Written informed consent to care (by students when allowed by law and competent to do so, and/or parents or guardians as appropriate), renewed on an established schedule.
- Continuity of care.
- Confidentiality.

STANDARD E28. DISSEMINATING OF INFORMATION ON SERVICES AND POLICIES

The SBHC should have policies that describe the rights of all students and parents or guardians to regularly receive information on the SBHC, its services, and its policies on rights and responsibilities. This information should include:

- Services provided at the SBHC.
- The enrollment process.
- Policies on confidentiality and communication with parents or guardians and primary care providers.
- Policies on complaints and grievances.

The SBHC should also provide this information to school staff and community providers on request. This standard applies only to information about the SBHC, not to individual medical records within the SBHC. Please see Standard E27, Client Communication, and Section G, Medical Records, for standards on information sharing related to medical records.

STANDARD E29. ROLES AND RESPONSIBILITIES OF THE SBHCs AND OTHER STUDENT SUPPORT STAFF

The SBHC should work cooperatively with student support staff and school personnel to establish clear and appropriate roles and responsibilities to ensure integration of school health programs and services. Such cooperative efforts should involve school nurses, counselors, social workers, behavioral health providers, teachers, and administrators when applicable. The SBHC's role in school crisis management should be defined. All roles and responsibilities should be defined in a written Memorandum of Agreement.

STANDARD E30. COORDINATION WITH SCHOOL NURSING

School nursing is essential to the operation of the SBHC, and the SBHCs cannot replace the services of a school nurse. There should be clear communication and coordination between the SBHC and the school nurse including:

- Clear definitions of roles and responsibilities of the SBHC and the school nurse.
- Participation of the school nurse on the SBHC advisory committee.

When school nursing is an integral part of the SBHC, school nursing functions of the SBHC should be provided by nurses certified by the Maine Department of Education.

STANDARD E31. ROLE IN COORDINATED SCHOOL HEALTH PROGRAMS

The SBHC should be part of a Coordinated School Health Program, and should follow the applicable guidelines for the School Counseling, Physical, and Behavioral Health Component of a Coordinated School Health Program. These guidelines are cross-referenced in Appendix IV and can also be found at www.maineeshp.com/school_counseling/guidelines.html. The SBHC staff should participate in other components of the school health program, as appropriate.

STANDARD E32. ROLE IN MAINE LEARNING RESULTS

The SBHC should reinforce student learning results in health and physical education including:

- Health promotion and disease prevention concepts.
- How to acquire valid information on health issues, services, and products.
- Risk reduction and health promotion practices.
- Influences on health behaviors, including media, culture, technology, peers, and family.
- Communication skills that contribute to better health.
- Decision-making and goal setting leading to better health.

Further information on the Learning Results can be found at: www.state.me.us/education/lres/

STANDARD E33. NON-DISRUPTION OF CLASSROOM LEARNING

The SBHC should adopt policies that ensure that student learning is not disrupted:

- Scheduling appointments during non-classroom time when possible.
- Communicating with classroom teachers and other school staff about scheduled appointments as appropriate.
- Communicating with students and staff about such policies.



SECTION F

CLIENTS' RIGHTS AND RESPONSIBILITIES

The SBHC policies should promote respect for students, families, school staff, and community providers; acknowledge their rights and responsibilities; create mechanisms to ensure client confidentiality; and provide information on the SBHC services and policies. The policies on the SBHC clients' rights and responsibilities should outline client entitlements and the SBHC expectations and must comply with Maine laws and regulations on informed consent and confidentiality.

STANDARD F34. RESPECT AND PRIVACY

The SBHC policies should clearly outline:

- The right of students and families to be treated with respect and dignity.
- The right of clients to privacy as allowable by law.
- The right of clients and parents or guardians of minor clients to take an active role with practitioners in making decisions regarding their health care, as allowable by law, including discussing treatment options for their health condition.

STANDARD F35. GRIEVANCES

The SBHC should have policies that include clients' and parents', or guardians' rights to make complaints or grievances about the SBHC or services provided. These policies should describe the procedures for making such complaints and the SBHC's process for addressing them.

STANDARD F36. CLIENT RESPONSIBILITIES

The SBHC should clearly communicate to clients and families:

- Their responsibilities to provide information that the SBHC and its practitioners need to appropriately care for clients.
- Clients' responsibility, with the assistance of parents or guardians as appropriate, to follow their practitioner's instructions for agreed-upon care.



SECTION G MEDICAL RECORDS

Medical records are a source of data that documents the extent and quality of health care a client receives from the SBHC. All standards should apply to electronic and paper medical record keeping systems. Release of any information contained in the medical records should be done only with the informed written consent of the student and/or parent and should abide by all State and Federal laws governing medical records release. (See Standard C16, Continuing Education and Training, for training on medical record keeping.)

STANDARD G37. RECORD KEEPING SYSTEM

The SBHC should have policies and procedures for an appropriate record keeping system that:

- Assures client confidentiality according to State and Federal laws and regulations.
- Facilitates communication (Please see Standard E27, Client Communication).
- Maintains current, complete, detailed, and organized documentation.
- Provides for secure short- and long-term storage of records.
- Keeps school nursing records that come under FERPA regulations separate from other SBHC medical records.

STANDARD G38. CRITICAL ELEMENTS

This standard establishes medical record criteria that the SBHC should promote to attain consistency among practitioners. Regular record reviews should be included in the SBHC's Quality Improvement plan. (See Section D, Quality Management and Improvement.) The following elements are considered critical and should be present in all medical records:

- Record of illnesses and medical conditions on a problem list.
- Documentation of allergies and medications.
- Record of appropriate medical history.
- Documentation of diagnoses consistent with findings.
- Record of treatment plans that are appropriate for the recorded diagnoses and do not put the client at risk of diagnostic or therapeutic problems.

STANDARD G39. ADDITIONAL ELEMENTS

The following elements of medical records are important and should be included in all records. However, since they are less critical than the elements listed in Standard G38, Critical Elements, this standard will be met if 60% of reviewed records have all of the following 14 elements and 90% of reviewed records have at least 11 elements:

- Documentation of patient's name or ID number on every page.
- Documentation of patient's biographical information (address, parents or guardians, home and work telephone numbers).
- Documentation of author identification for medical record entries. Author identification can be handwritten, stamped, or electronic.
- Legibility of medical records such that they can be read by someone other than the author.
- Documentation that history and physical exam records contain subjective and objective information appropriate to the patient's presenting complaints.
- Documentation that the appropriate laboratory tests are ordered.
- Documentation on encounter forms indicating follow-up care, calls, or visits.
- Documentation that problems for previous visits are addressed at follow-up visits.
- Documentation of client requests for specialty care.
- Documentation of referrals and referral status.
- Consultations, abnormal lab results should have notation in record for follow-up plans.
- Documentation that immunization records are up-to-date.
- Documentation regarding the use of cigarettes, alcohol, and other substances and the presence or absence of other risk behaviors.
- Indication in the medical record that preventive screening and services are provided in compliance with the SBHC and Managed Care Organization (MCO) practice guidelines.



APPENDIX I

WHAT THE NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA) LOOKS FOR IN A HEALTH PLAN

Cross-referenced with Maine SBHC Standards

Since Maine started the development of State Standards for the SBHCs, NCQA has made changes in how they evaluate the quality of Health Plans. The following elements are taken from their Web site, and are grouped under five categories: Access and Service (with elements for each), Qualified Providers, Staying Healthy, Getting Better, and Living with Illness. Because the payment of quality health care has different requirements than the provision of health care, and because health plans serve all ages, not only school-aged children, not all of these elements are applicable to the SBHC standards. Other elements are reflected differently in the Maine SBHC standards than by NCQA.

ACCESS

Maine Standard reference	NCQA Evaluation Element
A4	A well-defined process that the health plan uses to make decisions about covering medical treatments and services for plan members.
A5, A6, B9, D24	Fair and consistent health plan decisions about medical treatments and services provided to plan members.
B9, C15	Evidence that qualified health plan professionals make decisions about medical treatments and services provided to plan members.
D24 (not explicit)	A process for evaluating new medical procedures, drugs, and devices.
A6, E29	Evidence that plan members get needed emergency services.
A6, B9	Procedures that ensure health plan members get the level of care they need.
A4, A6	Evidence of improving the availability of doctors and other practitioners.

ACCESS (CONTINUED)

Maine Standard reference	NCQA Evaluation Element
A4, A6, B10, B11, B12	Evidence of improving access to primary care and behavioral health care and to customer support.
F	Policies that define the rights and responsibilities of plan members.
E27, E28	Effective communications that make plan members aware of their rights and responsibilities.
E27, E28	Information that clearly informs plan members about services, benefits, and how the plan works.
E27, G37	Processes that protect the confidentiality of information and medical records of plan members.
E28	Accurate and thorough information about the health plan to prospective members. The SBHCs must be integrated into the school's health program.

SERVICE

Maine Standard reference	NCQA Evaluation Element
not applicable	Prompt decisions about coverage of medical treatments and services for plan members.
D24	Evidence that health plan's decisions about medical treatment and service are based on acceptable standards for medical practice.
not applicable	Clear communications from the health plan to members and doctors about reasons for denying medical treatments or services and about the process for appealing plan decisions to deny treatment or services.
F35	Processes to resolve member complaints and appeals of health plan decisions.
F35	Evidence of fair and prompt handling of complaints and appeals from plan members.
D23	Members' and doctors' satisfaction with how the health plan makes decisions about coverage of medical treatments and services for plan members.

SERVICE (CONTINUED)

Maine Standard reference	NCQA Evaluation Element
D24 (partially)	Policies that ensure that the drugs the health plan covers are safe and effective and that plans give members the right to appeal for coverage of drugs not normally covered.
D23, D25	Evidence of improving members' satisfaction with the health plan.
A6, E27	Processes for the coordination of care so that plan members receive the right care at the right time.
D23	Health plan members' reports about how difficult it is for them to get needed care; specifically, how much of a problem did members have getting a personal doctor they are happy with, a referral to a specialist, care they thought was necessary, and approvals for care.
D23	Health plan members' reports received care quickly; advice, prompt care.
D23	Health plan members' reports about how often they experienced courteous, respectful, and helpful staff at the doctor's office.
D23	Health plan members' opinions about how difficult it was for them to good get customer service; specifically, how much of a problem did members have finding or understanding written information, getting help from customer service, or completing paperwork from the health plan.
not applicable	Health plan members' reports about how often their health plan paid claims in a reasonable time and correctly.
D23	Health plan members' ratings of all their experiences with their health plan.
D22	A well-defined program for continuously improving the quality of clinical care and service provided to plan members.
D22	Individuals in the health plan responsible for overseeing quality improvement programs.
D22, D25	Actual improvements that the health plan has made in care and service.

QUALIFIED PROVIDERS

Maine Standard reference	NCQA Evaluation Element
C15, C20	Policies to effectively assess the qualifications of doctors and other providers who care for plan members.
no	A committee of doctors who select and evaluate the plan's doctors and other providers.
C15	Evidence that the health plan verifies doctors' training, licensure, and certification.
C15, C20	Evidence that doctors disclose any information that affects their ability to practice medicine.
A2, C15, C20	On-site review of doctors' offices by the health plan to ensure offices are accessible and adequate evidence of periodically reexamining doctors' training, licensure, and certification.
C15, C18, C20	Evidence of periodically looking for information on any malpractice suits or sanctions.
C18	Evidence of evaluating experience with doctors and other practitioners, including information from plan members.
A2, C15, C18, C20	A process for periodically conducting an on-site review of doctors' offices by the health plan, continuous review of doctors' sanctions, licensure, and patient complaints.
C19	A process for suspending or removing doctors when necessary.
no	Evaluations of the quality of hospitals, nursing homes, and home health agencies affiliated with the health plan.
D22	A well-defined program for continuously improving the quality of clinical care and service provided to plan members.
D22	Commitments from doctors that they will cooperate with health plan efforts to improve quality.
G37	Policies that require doctors to keep medical records in a way that maintains patient confidentiality and promotes effective patient care.

QUALIFIED PROVIDERS (CONTINUED)

Maine Standard reference	NCQA Evaluation Element
G38, G39	Complete and proper documentation of information in medical records.
D23	Health plan members' ratings of doctors' communication; specifically, how often did their doctor listen carefully, explain things, show respect, and spend enough time with them.
D23	Health plan members' ratings of all health care received from their doctors and other health providers in the plan.
D23	Health plan members' ratings of their personal doctor or nurse.
D23	Health plan members' ratings of the specialist they saw most often.
D22	A well-defined program for improving the quality of clinical care and service provided to plan members.
D22	Individuals in the health plan responsible for overseeing quality improvement programs.
D22, D25	Actual improvements that the plan has made in care and service.

STAYING HEALTHY

Maine Standard reference	NCQA Evaluation Element
B10, D24	The presence of guidelines for doctors about the need to provide immunizations and screening tests to plan members.
D24	Effective communications that make doctors in the plan aware of the guidelines.
B10	Effective communications that make plan members aware of what they can do to reduce illness, disease, and accidents.
not applicable	The percentage of children under the age of two who have received recommended immunizations to prevent childhood diseases.
B10, D24	The percentage of children who, by the age of 13, have received recommended immunizations for the continued protection against childhood diseases.
not applicable	The percentage of Medicare members over the age of 65 who received an influenza vaccination to prevent the flu (only for health plans serving Medicare beneficiaries).

STAYING HEALTHY (CONTINUED)

Maine Standard reference	NCQA Evaluation Element
not applicable	The percentage of women ages 52–69 who received a mammogram within the past two years to detect breast cancer early.
B10 (not explicit)	The percentage of adult women who received a Pap smear within the past three years to detect cervical cancer early.
not applicable	The percentage of pregnant women who received their first prenatal care visit during the first three months of pregnancy.
not applicable	The percentage of new mothers who received a checkup within eight weeks after delivery.
D22	A well-defined program for improving the quality of clinical care and service provided to plan members.
D22	Individuals in the health plan responsible for overseeing quality improvement programs.
D22, D25	Actual improvements that the plan has made in care and service.

GETTING BETTER

Maine Standard reference	NCQA Evaluation Element
B10, D22	The percentage of adults who smoke and were advised by their doctor to quit.
D22	A well-defined program for improving the quality of clinical care and service provided to plan members.
D22	Individuals in the health plan responsible for overseeing quality improvement programs.
D24	Distribution of guidelines that assist doctors with providing the right care to plan members with acute conditions.
D26	Evidence of monitoring the quality of care provided to plan members with specific acute conditions.
D25, D26 (not specific)	Evidence that the health plan is working to improve the quality of care provided to plan members with specific acute conditions and correcting any problems of poor quality.
D22, D25	Actual improvements that the plan has made in care and service.

LIVING WITH ILLNESS

Maine Standard reference	NCQA Evaluation Element
B13	Active efforts to improve the health of plan members with chronic conditions.
D26 (not specific)	The percentage of plan members with diabetes who received eye exams to detect blindness, a complication resulting from diabetes, early.
B12, D22 (not explicit)	The percentage of plan members, hospitalized for a mental illness, who were seen by a provider within 30 days of hospital discharge.
not applicable	The percentage of plan members who had a heart attack and received beta blockers, a medication that helps prevent future heart attacks.
B12, D22 (not explicit)	The percentage of plan members who were diagnosed with a new episode of depression, treated with antidepressant medication, and had subsequent follow-up visits to ensure recovery through proper dosage.
not applicable	The percentage of plan members treated for an acute cardiovascular event, who received a follow-up cholesterol screening in the next year.
D24 (partially)	Policies that ensure that the drugs the health plan covers are safe and effective and that plans give members the right to appeal for coverage of drugs not normally covered.
D22	A well-defined program for improving the quality of clinical care and service provided to plan members.
D22	Individuals in the health plan responsible for overseeing quality improvement programs.
D24	Distribution of guidelines that assist doctors with providing the right care to plan members with chronic conditions.
D25, D26	Evidence of monitoring the quality of care provided to plan members with specific chronic conditions.
D25, D26	Evidence that the health plan takes action to improve the quality of care provided to plan members with specific chronic conditions.
D22, D25	Actual improvements that the plan has made in care and service.



APPENDIX II

NATIONAL PRINCIPLES AND GOALS FOR SCHOOL-BASED HEALTH CARE

NATIONAL ASSEMBLY ON SCHOOL-BASED HEALTH CARE – 2000

Cross-referenced with Maine SBHC Standards

In 2000, the National Assembly on School-Based Health Care created Principles and Goals for School-Based Health Care in order to set a national standard for the field, provide guidelines by which to benchmark programs, define essential elements of a school-based health center, and provide a framework for accountability and continuous improvement. There are seven principles.

SUPPORTS THE SCHOOL

The school-based health center is built upon mutual respect and collaboration between the school and the health provider to promote the health and educational success of school-aged children.

Maine Standard reference	NASBHC Goal
E29, E32	Understands and respects accountability within the educational system.
A1, A3, E29	Works with the school administration to develop and achieve a shared vision.
A3, A6, E28	Communicates the vision to all school constituencies including teachers, support staff, students, and parents.
E	Builds collaborative and mutually respectful relationships with school personnel.
A4, E28	Identifies community resources that provide support to students and promote successful learning.
E29	Serves as a resource in times of school crises and community disasters.

RESPONDS TO THE COMMUNITY

The school-based health center is developed and operates based on continual assessment of local assets and needs.

Maine Standard reference	NASBHC Goal
A4	Assesses child and adolescent health care needs and available resources in the community through formal evaluation methods.
E28	Informs the community of student health needs and trends.
A1, A4, E28	Solicits community input to address unmet health needs and support the operations of the program.

FOCUSES ON THE STUDENT

Services involve students as responsible participants in their health care; encourage the role of parents and other family members; and are accessible, confidential, culturally sensitive, and developmentally appropriate.

Maine Standard reference	NASBHC Goal
F34, F36	Encourages the student's active, age-appropriate participation in decisions regarding health care and prevention activities.
F34, F36	Involves the parents or other adult caregivers as supportive participants in the student's health care whenever appropriate and possible.
G, G37	Ensures confidentiality of information whether transmitted through conversation, billing activity, telemedicine, or release of medical records.
A5	Provides services and materials that are culturally sensitive and respectful of family values and diversity.

DELIVERS COMPREHENSIVE CARE

An interdisciplinary team provides access to high quality, comprehensive physical and mental health services emphasizing prevention and early intervention.

Maine Standard reference	NASBHC Goal
A4, B	Provides a scope of services that is consistent with identified health care needs. Services may include, but are not limited to: age-appropriate well-child exams, immunizations, diagnosis and treatment of acute illness and injury, management and monitoring of chronic conditions, basic laboratory services, capability to prescribe commonly used medications, health education and anticipatory guidance, basic mental health services, substance abuse services, violence prevention education and intervention counseling, and preventive and primary dental care.
A6*	Promotes availability of on-site services whenever the school is open and facilitates after-hours care 24 hours a day, seven days a week.
D24	Adopts generally accepted guidelines for clinical practice.
E27, E30	Promotes the interdisciplinary role and functions of the school-based health center team.
A6, E27	Coordinates and integrates efforts with existing systems to optimize complementary programs, improve continuity of care, reduce fragmentation, prevent duplication, and maintain affordable services.

*Maine standard is lower, based on smaller school populations, which may allow for adequate access without being open during all class times.

ADVANCES HEALTH PROMOTION ACTIVITIES

The school-based health center takes advantage of its location to advance effective health promotion activities to students and community.

Maine Standard reference	NASBHC Goal
E31, E32	Serves as a resource to school administration on the selection, development, and delivery of health education curricula.
E31, E32	Participates in classroom-based and school-wide health promotion activities responsive to risk factors that are prevalent among students.
E28	Promotes parent and community involvement in health promotion activities.

IMPLEMENTS EFFECTIVE SYSTEMS

Administrative and clinical systems are designed to support effective delivery of services incorporating accountability mechanisms and performance improvement practices.

Maine Standard reference	NASBHC Goal
A2, C15, G37	Ensures compliance with all relevant laws and regulations.
D22	Develops and measures annual program goals and objectives.
A2	Maintains a physical plant which is adequate to deliver high quality services and assure patient comfort and privacy.
A1, E29	Develops all necessary policies and procedures, training manuals, and memoranda of agreement or understanding.
C	Develops a human resources system for hiring, credentialing, training, and retaining high quality competent staff.
D25	Collects, evaluates, and reports health outcomes and utilization data.
D22, D25	Establishes quality improvement practices including, but not limited to, assessment of patient and community satisfaction.
A7, A8	Develops strategies and systems to support long-term financial stability.

PROVIDES LEADERSHIP IN ADOLESCENT AND CHILD HEALTH

The school-based health center model provides unique opportunities to increase expertise in adolescent and child health, and to inform and influence policy and practice.

Maine Standard reference	NASBHC Goal
no	Participates in national and local organizations that focus on adolescent and child health.
A3	Contributes to the body of knowledge on the health care needs of adolescents and children.
no	Promotes the school-based health center as a training site for health care professionals.
A3, E29, E30	Advocates for the resources necessary to increase access to physical, mental, and dental health services for adolescents and children.
A1, B, E29	Informs elected officials, policymakers, health professionals, educators, and the community-at-large regarding the unique value, acceptability, efficiency, and convenience of the school-based health center model of health care delivery.
E27	Forms partnerships to develop stable, sustainable funding mechanisms for expanded services.



APPENDIX III

OTHER STATES' STANDARDS FOR SCHOOL-BASED HEALTH CENTERS

NATIONAL ASSEMBLY ON SCHOOL-BASED HEALTH CARE —JUNE 2000

Cross-referenced with Maine SBHC Standards

The examples of State standards presented here are a composite of several states' standards and guidelines. They do not represent any one set of standards, but a synthesis of many. Maine's standards are cross-referenced by section and standard number.

PRINCIPLES, MISSION, GOALS

Maine Standard reference	Composite Standard
A3, A4, A6, B	Centers are based on local assessment of needs and resources.
no: in BOH RFP	Students with the highest prevalence of unmet medical and psychosocial needs should receive top priority for establishment of a center.
B	Centers should provide primary medical, social, and mental health services, as well as health education, promotion, and prevention services.
E	The SBHCs should be organized through school, community, and health provider relationships.
in part*; A6	The SBHC should be available and accessible to all enrolled students when classes are in session and ought to have 24-hour coverage through an on-call system when the center is not open.
A1, A4, A5, E27, F34	The SBHCs should respect individual family values and diversity during the planning of service.
A1, A3, E27	The SBHCs should educate the larger community and the school concerning the health needs of youth and children.
E	The SBHCs must be integrated into the school's health program.

*Maine standard is lower, based on smaller school populations which may allow for adequate access without being open during all class times.

LEVELS OF SERVICE

Maine Standard reference	Composite Standard
no*	Because the SBHC programs often have different sites and employ different models according to the needs of individual schools within a school district, each SBHC will receive a different level designation.
no*	For the purposes of contracting with managed care organizations, each program will also receive a different designation.
no*	Designations will be assigned according to the manner in which services are organized and delivered.

*These standards do not distinguish between levels of service, although some differentiation is in BOH RFP criteria.

STAFF REQUIREMENTS

Maine Standard reference	Composite Standard
C15	The SBHC employees must be licensed, registered and/or certified health professionals, trained and experienced in community and school health.
B*, C15	On-site staff should include: nurse practitioner or physician assistant, consulting physician, an individual trained to handle psychological problems, medical support staff, a substance abuse specialist, and a health educator.
C16, C18	Staff must continue their medical education and be evaluated annually.
C21	The staff must be trained in general first aid such as CPR and the Heimlich maneuver.

*Dependent on scope of services, NP, PA, and/or physician is set as a minimum.

FACILITY REQUIREMENTS

Maine Standard reference	Composite Standard
A6	Procedures for the availability of primary care providers: Facility must provide 24-hour coverage, 12 months/year.
A6	Access to routine, urgent, and emergency care, telephone appointments, and advice.
A6: no before/after requirement	Service ought to occur at a convenient time for both students and parents, including before and after school hours.
E33	Appointments should not disrupt classroom time.
A5	Respect cultural and linguistic diversity by employing those health care providers versed in cultural diversity.
A5	Centers cannot discriminate against prospective consumers based upon race, color, religion, national origin, age, handicap, sex, or ability to pay.
A2	Centers must operate within an appropriate physical plant with waiting room, office space, examination and treatment rooms, secure area for confidential materials, and a pharmaceutical and storage space.
A6	Centers must comply with laws and regulations governing health facilities, specifically regarding infection control, disease control, and laboratory operations.
A6	The physical plant must have current fire and building safety certificates and appropriate liability coverage.
A6	Centers must have telephone and fax access.

GOVERNANCE

Maine Standard reference	Composite Standard
A1	The SBHCs ought to establish and maintain an Advisory Board consisting of individuals from school administration, the school nurse, the medical community, the student body, the local health department, parents, clergy, youth service agencies, and community leaders.
A1	The board will not meet less than annually and the minutes will be retained and available for inspection.
A2 – not explicit	The name and address of groups with financial interests in the SBHCs will be made available to Department of Health & Human Services with proof of liability coverage for staff, clients, and facility.
A1	Organizational charts and plans must be created to establish center hierarchy and to describe the responsibilities according to the center's governing principles.

CONSENT

Maine Standard reference	Composite Standard
E27	Protocols require the written consent of a parent or guardian, except when minors may provide consent under the law or the student is 18 years of age or older.
E27	If a student gives consent, he/she must be competent to do so.
E27	The SBHCs must establish a time frame for the renewal of written consent.

SCOPE OF SERVICES

Maine Standard reference	Composite Standard
A4, B	As determined by community need, the SBHC will provide the following:
B*	Basic medical services: well-child and adolescent exams, immunizations, health education, nutrition education, services specified by EPSDT and GAPS, diagnosis and treatment of acute illness and injury, laboratory tests for pregnancy, STDs, and primary prevention, prescriptions and dispensation of medication, monitoring of chronic conditions.
B*	Reproductive health services: abstinence counseling, gynecological examinations, diagnosis and treatment of STDs, family planning, birth control, cancer screening.
B12	Basic mental health services: mental health assessment, counseling, crisis intervention, violence prevention and education, and referral to a continuum of mental health services.
B12	Substance abuse services: assessment of substance abuse problems, education regarding prevention, counseling, and referral to a continuum of substance abuse services.

*Maine standard is not as specific.

MEDICAL RECORDS & CONFIDENTIALITY

Maine Standard reference	Composite Standard
G37	The SBHCs must create a health record system that ensures consistency, confidentiality, storage, and security of records.
G37	The center's health records must be maintained in a current, detailed, confidential, and organized manner.
G	The center's health records must include sufficient information to justify the diagnosis and treatment and accurately document all health assessments and services provided to the student. Included among these entries ought to be: signed consent forms, personal/biographical data, a medical history, laboratory findings, diagnoses, treatment plans, referrals, and follow-up care.
G, E28	Students and families shall be educated upon the center's confidentiality regulations and will be given the opportunity to approve or refuse the release of personal information.

RELATIONSHIP WITH COMMUNITY

Maine Standard reference	Composite Standard
E28, F34	The SBHC must involve the family in health care decisions sometimes in the case of consent, but also to understand the nature of family structure and dynamic that can influence the student's health, illness, disability, or injury.
E	The SBHC must integrate itself into the school environment and both must operate with each other in a spirit of collaboration.
A1, A4	The SBHC ought to recognize its connection with the community at large and respect the community's views into its policies.
not applicable*	The SBHC should use local Departments' of Health expertise as resources.
A6, E29	Other entities the SBHCs may maintain regular contact which include the back-up facility and local Departments of Social Services.

*Maine has few local Departments of Health.

CONTINUITY OF CARE

Maine Standard reference	Composite Standard
A8, E28	The SBHCs shall develop relationships with other health care providers and managed care organizations, and specifically have a written agreement with those organizations whose enrollees receive service at the SBHC.
G37	The SBHCs must manage the exchange of medical information between the center and entities such as the student's primary health care provider, managed care organization, and relevant school staff.
B, G37	The SBHC must adhere to a regulated system of referral to alternate health care providers when it cannot provide the necessary services. Such a referral and its medical outcome must be recorded in the student's record.
E32	The SBHC staff are encouraged to participate in health education as offered by the school.

FISCAL MANAGEMENT

Maine Standard reference	Composite Standard
A7	Inventories, budget analyses, and overall cost calculations to be conducted annually.
A8	The SBHCs must be able to obtain data about Medicaid and third-party eligibility, and aid qualified families in the enrollment process.
A8	Encounter forms should be available for all billable visits, and a mechanism should be in place that ensures such billing.
A8	Agreements ought to be negotiated with the managed care plans that cover students who receive services at the SBHC. These agreements must include how these third parties will reimburse the SBHC.

QUALITY ASSURANCE

Maine Standard reference	Composite Standard
D22	The SBHCs will develop and implement a quality improvement program that monitors and evaluates the appropriateness, effectiveness, and accessibility to the services it provides; the quality of services provided to the students; and the positive/negative health outcome effects.
D22	The SBHCs must create a quality improvement plan with goals, objectives, and work plan to be reviewed annually.
C15, D22	The quality assurance coordinator's responsibilities include: maintaining records of licensing credentials, chart reviews, complaint and incident reviews, and corrective actions.
C16	The SBHC staff must engage in continuing medical education.
C18	The SBHC staff will be subject to performance evaluations.

SOURCES

- The Connecticut Department of Public Health, “Standard Model for Full-Time and Part-Time Comprehensive School-Based Health Clinics” (July 1996)
- “Certification Standards for School-Based Health Centers: Facilitating Relationships Between School-Based Health Centers and Managed Care Organizations in Colorado” (June 1998)
- The Illinois Department of Human Services: Title 77, Chapter IV, Subchapter J, Part 2200 (August 1998)
- “Principles, Standards and Guidelines for School-Based Health Centers in Louisiana” (May 1999)
- “School-Based Health Centers Funded by the Massachusetts Department of Health: Quality Standards” (August 1995)
- The New York State Department of Health, “Principles and Guidelines for School-Based Health Centers in New York” (May 1996)
- The North Carolina Women’s and Children’s Health Section, “Making the Grade in North Carolina: Center Definitions” (March 2000)
- The Vermont School-Based Health Center Quality Standards and Guidelines



APPENDIX IV

MAINE COORDINATED SCHOOL HEALTH PROGRAM SCHOOL COUNSELING, PHYSICAL, AND BEHAVIORAL HEALTH SERVICES GUIDELINES AND INDICATORS

Cross-referenced with Maine SBHC Standards

DEFINITION:

This component of a Coordinated School Health Program combines school counseling and guidance services, physical health services, and behavioral health services. Services can be provided on a school site by either school staff or community providers, or can be provided by linking with community health organizations. The component may include case management for students with multiple needs or ongoing needs, which allows for the coordination and integration of services through one provider.

School counseling services assist students with their academic, career, and personal/social development so that they can achieve school success. Grade K–12 school counseling services help students meet these needs by providing a preventive, developmentally appropriate guidance curriculum for all students; short-term individual and small-group counseling in response to students' difficulties with typical developmental issues (such as puberty, adjustment to new school, etc.); consultation with teachers, immediate family members and other caregivers, and other helping professionals regarding appropriate and consistent interventions for students; and assessment of school climate and other school-based issues that require systemic responses.

Behavioral health services are offered in response to a broad range of needs including, but not limited to, mental health issues, mental disorders and their implications, mental retardation, developmental disabilities, and substance abuse and dependence. These services encompass prevention, treatment, and crisis intervention; and include intensive support groups and individual counseling, family counseling, and referrals.

Physical health services in schools include school nursing, school physician services, oral health services, and school-based health centers. School nurses provide direct nursing care and supervise and/or coordinate health services. School physicians advise the school administrative unit on school health issues, policies, and practices. School-based health centers provide on-site preventive care, management of chronic illness in collaboration with the student's primary care provider, diagnosis and treatment of acute injuries and illnesses, and initial emergency treatment of injuries and illnesses with appropriate subsequent referral. Oral health services offer dental screening and sealant programs; referrals are made for dental treatment services.

School-based health centers may also offer behavioral health services. Other health specialists, such as athletic trainers; occupational, physical and recreational therapists; and speech/language pathologists, may provide services to students at the school in coordination with other school health staff.

RATIONALE:

Health problems and health risk factors are increasingly issues that interfere with the mission of schools. Health services support students' academic performance by reducing multiple barriers to health care and learning, and by helping all students to live healthier lives. Students whose health needs are met holistically by a multidisciplinary team of school-based and school-linked professionals can better focus on achieving school success. For some students, a single provider who coordinates and integrates services can increase access to the variety of services needed.

School Counseling – All students need specific skills and learning opportunities delivered in a proactive and preventive manner to ensure that they can achieve the State of Maine Learning Results standards. School counselors recognize that social/emotional health is fundamental to academic success and career aspirations. As an integral part of the school staff, school counselors can play a significant role in identifying critical issues and individual circumstances that require the attention of an interdisciplinary intervention team.

Behavioral Health Services – Students have social, personal, developmental, and mental health needs that must be addressed to ensure that they can be effective learners. Addressing emerging behavioral health needs early, and promoting mental health with prevention-oriented supports, are first steps to meeting these needs. School-based and school-linked behavioral health services also allow the behavioral health care needs of our youth and children to be met in the least restrictive service environment suitable for each individual, in a timely fashion and in the most cost-effective manner. Students with mental disorders may need support services in the school environment.

Physical Health Services – Students have emerging and emergent health care needs, chronic disease management needs, and concerns about safety and health risks. School nurses address these needs by facilitating positive growth and development; promoting health and safety; developing health care plans; intervening with actual and potential health problems; providing case management services; and actively collaborating with families, physicians, administrators, and staff to improve student health. Schools are required by law to maintain health records and provide health screenings that are coordinated by school nurses. Schools must have clear medical policies and procedures to meet the health care needs of all students and to respond to medical emergencies. Oral health screenings and sealants provide preventive services to reduce the incidence of dental caries. School-based health centers enhance these services by addressing the immediate primary health care needs without removing students from the school.

Below, indicators for each of this component's guidelines, as developed by Maine's Coordinated School Health Program, are cross-referenced to the Maine Standards for School-Based Health Centers. Not all the indicators are explicitly matched with the SBHC standards. Some are not directly relevant to the SBHCs, while others are implied in Section E, Standard 31, which states that the standard for the SBHCs is to work with the Coordinated School Health Program and meet, where appropriate, these guidelines.

GUIDELINE 1:

Establish and integrate school counseling, physical and behavioral health services as part of the school's mission of promoting student's personal growth – cognitive, emotional, social, and physical.

Maine SBHC Standard reference	Maine CSHP School Counseling, Physical and Behavioral Health Services Guideline/Indicators
A3 – not extended to school mission	A. A written mission statement reflects the cognitive, emotional, social, and physical aspects of growth and development.
E32	B. Links between the philosophy of Coordinated School Health Programs and the Guiding Principles of the State of Maine Learning Results are identified and emphasized.
C16 – not explicit, not extended beyond the SBHC staff	C. The school offers a staff development program to ensure that all school personnel understand the mission statement, and know how to integrate it into their curriculum planning, implementation, and evaluation, and how to integrate it with delivery of services.
E29 – not explicit	D. Responsibility for integration of school counseling, physical and behavioral health services is assigned to a school administrator.
E29 – not explicit	E. A professional staff member from school counseling, physical and behavioral health services participates on the school system's administrative team.

GUIDELINE 2:

Establish written policies to govern school counseling, physical and behavioral health services.

Maine SBHC Standard reference	Maine CSHP School Counseling, Physical and Behavioral Health Services Guideline/Indicators
A1, D24, E29	A. All guidelines for school health services are reflected in written policies, with appropriate designated/assigned responsibilities, and are based on best practices and professional standards in the appropriate areas.
A1, C, E27, E28, F, G	B. School health services operate under written administrative policies and procedures that are updated annually, including personnel policy; policy regarding exchange of information with parents, school personnel, and community providers; emergency care; and record-keeping.
E29 – not explicit, does not specify who	C. Responsibility for periodic review of written policy is assigned to a school administrator.
A2, C15, G37	D. The school has on file and follows State and Federal requirements.
A1, A5, A7, D25, E 27, E28, E29	E. The school has written policies and procedures that include, but are not limited to, the following: <ol style="list-style-type: none"> 1. Identifying and minimizing barriers to student learning and performance; 2. Assessments, diagnoses, and interventions; 3. Personal and financial costs to schools and families for needed services; 4. Guidelines or protocols including possible medical emergencies students may experience in a school setting; 5. A plan for dealing with school/community crises (such as a fire or shooting) that includes comprehensive follow-up; 6. Ongoing collection of data related to demographic and utilization variables, including their nature, scope, and duration of program/service involvements, numbers of students involved, their ages and genders, ethnicity, nature of disorders/disabilities, etc.; 7. Medication administration, both at school and on field trips, and related confidentiality and sharing of student information; 8. Legal relationships and obligations in contracts between schools and community providers, and specifies guidelines for school system employees and school-based community providers; 9. Staff development for school counseling, physical, and behavioral health services personnel.
E27 – not explicit about all policies	F. Written policies are distributed and explained to all school system personnel as part of their orientation and in-service training.

GUIDELINE 3:

Base school counseling, physical and behavioral health services on an ongoing local assessment of needs and on the presence or absence of resources necessary to meet those needs.

Maine SBHC Standard reference	Maine CSHP School Counseling, Physical and Behavioral Health Services Guideline/Indicators
A4, A5	A. Reliable and valid assessments are conducted to identify the service needs of the student population, with special attention given to procedures that minimize bias and are sensitive to diversity.
A4	B. Assessments address the needs of the student, not the resources available.
A4 – no explicit timing	C. Triennial audits of existing school and community resources and documented alignment with needs are conducted.
A4, A6, E29 – not explicit	D. All school-based assessment activities are coordinated with those of other agencies involved in assessing student/family strengths and presenting issues.
A4, D25, E27	E. All students and their families are able to participate in systemic needs assessments, with necessary modifications or alternative assessment strategies as needed. <ol style="list-style-type: none">1. Staff are trained to understand and implement appropriate assessment procedures.2. Relevant data are gathered regularly during the implementation of appropriate interventions.

GUIDELINE 4:

Provide school counseling, physical and behavioral health services that balance prevention and intervention services for all major risk behaviors that pose immediate threats to health and safety, and those that have long-term consequences.

Maine SBHC Standard reference	Maine CSHP School Counseling, Physical and Behavioral Health Services Guideline/Indicators
A4, A6 – not explicitly K–12	A. School counseling, physical and behavioral health service programs are designed, implemented, and evaluated on a K–12 continuum.
B10	B. School counseling, physical and behavioral health services for all students include prevention of the major risk behaviors identified by the Centers for Disease Control and Prevention.
not explicit, see B12, E29	C. Behaviors that pose immediate threat to self and others receive immediate attention and a significant allocation of resources.
not explicit, see B12, E29	D. Appropriate crisis response is provided to address incidents that threaten the sense of security at a school or are disruptive to teaching and learning.
not explicit, see B12, E29	E. Appropriate comprehensive follow-up interventions are provided following crises to meet the needs of those who are experiencing lingering effects.

GUIDELINE 5:

Develop and implement a quality improvement plan to monitor and evaluate school counseling, physical, and behavioral health services.

Maine SBHC Standard reference	Maine CSHP School Counseling, Physical and Behavioral Health Services Guideline/Indicators
D22, D26	A. School and community interventions are monitored, coordinated, and appropriately woven together to address student and family needs.
D22, E32 – not explicit	B. School improvement plans include both academic and nonacademic areas.
D22	C. The quality plans for school counseling, physical and behavioral health services are readily available for review.
D25	D. Steps are taken to analyze and use quality assurance data.
D22, D26	E. Improvements are planned toward more effective program/service coordination and integration.
C16, D22	F. Appropriate staff development is provided. School personnel incorporate quality improvement strategies into their program planning, implementation, and evaluation.

GUIDELINE 6:

Ensure that school counseling, physical and behavioral health services are provided by qualified, certified, credentialed providers, in a manner that is consistent with professional standards and best practices.

Maine SBHC Standard reference	Maine CSHP School Counseling, Physical and Behavioral Health Services Guideline/Indicators
A1	A. A designated professional with appropriate training, experience, and expertise oversees the management of school health services.
C15, C30	B. Only professionals with appropriate experience, who are certified by the Maine Department of Education and who are credentialed in the State of Maine, provide health services.
C20, E29	C. Professionals who provide school counseling, physical and behavioral health services within a school district have clearly defined roles and responsibilities that are delineated in a written job description.
C17	D. Service providers have appropriate access to clinical supervision from within their specialty area to ensure that their practice adheres to the highest ethical standards.
C15, C17– not explicit	E. Unlicensed and/or uncredentialed school staff assisting school counseling, physical and behavioral health service providers are trained and supervised appropriately for the specific functions assigned to them.
C16	F. Staff development is provided for school counseling, physical and behavioral health service personnel to increase their knowledge and use of both innovative and research-based practices in prevention, assessment, and intervention services.

GUIDELINE 7:

Ensure that the school has an adequate number of providers of school counseling, physical and behavioral health services, and provides appropriate workspace for the services delivered.

Maine SBHC Standard reference	Maine CSHP School Counseling, Physical and Behavioral Health Services Guideline/Indicators
A6	A. Each school has sufficient staff to address the students' needs for a comprehensive continuum of prevention and intervention services that takes into account program goals, characteristics of the education system, the specific population to be served, the severity of their presenting conditions, and the degree to which the setting is urban or rural.
A4, A6	B. At a minimum, schools should provide for the following level of services: <ol style="list-style-type: none">1. School counseling services are available in every school for both prevention and intervention programs.2. Physical health services are available to meet the needs of the student population.3. School nursing services are available in every school every day.4. Behavioral health services are available in every school every day, according to the needs of the student population.5. Each school board has appointed one or more school physician (Title 20-A, Sec. 6402-A).
A2	C. Appropriate space is assigned in a way that maximizes the match between intervention processes (<i>e.g.</i> , individual, group, and family counseling) and student/family factors (<i>e.g.</i> , the need for privacy, the need to accommodate a highly active youngster).

GUIDELINE 8:

Provide equitable, appropriate, and timely access to school counseling, physical and behavioral health services for all students.

Maine SBHC Standard reference	Maine CSHP School Counseling, Physical and Behavioral Health Services Guideline/Indicators
E29 – not explicit	A. The school provides short-term, on-site interventions for effectively responding to critical situations.
B10, B12 – not specific to transition intervals	B. The school implements a screening program for social, emotional, and physical health needs at major transition intervals and for students new to the district.
B10, B11, B12	C. All positive screening findings are followed up within an appropriate time period.
A6	D. The school allocates sufficient resources to implement procedures in a timely, appropriate, and effective manner.
A5	E. The school develops effective strategies that address specific barriers, such as language, gender, and cultural differences.

GUIDELINE 9:

Involve students, families, or other caregivers; school personnel; and community service providers in coordinating and collaborating with school counseling, physical and behavioral health services.

Maine SBHC Standard reference	Maine CSHP School Counseling, Physical and Behavioral Health Services Guideline/Indicators
A1	A. The school has established a health advisory council that includes students, family members, other caregivers, school personnel, community representatives, and service providers.
A1, D22	B. In addition to its other responsibilities, the school health advisory council: <ol style="list-style-type: none">1. Assists in determining service priorities.2. Addresses controversial issues.
E29 – not explicit	C. An interdisciplinary team meets regularly to discuss and share common issues and assist in coordinating services.
A6, E27, E29	D. School-based services are coordinated with those of other community agencies and service providers.
E27, E29	E. The school system delineates legal relationships and obligations in contracts between schools and community providers, specifying roles and responsibilities for both employees and school-based community providers.

GUIDELINE 10:

Inform all students, families, staff, and community members about the array of school counseling, physical and behavioral health services available, and about how to access them.

Maine SBHC Standard reference	Maine CSHP School Counseling, Physical and Behavioral Health Services Guideline/Indicators
E28 – not extended to services outside the SBHC	A. The school and/or community compiles information on the number, nature, and scope of programs and services available to students and families at the school, in the district, and in the surrounding communities (including a range of resources to minimize the impact of risk factors and enhance protective factors and resiliency).
E28	B. The school informs all stakeholders about available programs and services and how to use them in the community.
E29	C. The school has an established step-by-step process that facilitates enrollment and overcomes barriers to student and family follow-through in enrolling in recommended interventions.
E28 – not explicit	D. Public information is annually reviewed for accuracy and thoroughness.

GUIDELINE 11:

Involve all students and, when appropriate, family members or caregivers as responsible participants in addressing student needs, and provide services within the context of the student's family, focusing on the student's levels of social, emotional, physical, and educational growth and development.

Maine SBHC Standard reference	Maine CSHP School Counseling, Physical and Behavioral Health Services Guideline/Indicators
F34, F36	A. Services involve students as responsible participants in their health care.
F34, F36	B. Service providers encourage participation of families or other caregivers as appropriate.
E27, F34	C. Service providers ensure that informed consent is obtained from families and/or students for all assessments and interventions, as appropriate and in compliance with State and Federal law.
A6, E33	D. Interventions are developed to meet individual student and family needs by using the least restrictive and least disruptive interventions in the most appropriate environments.
A1, F34, F36 – not explicit	E. The school provides opportunities for all students to engage in positive roles, at school and in the community, as part of their service, recreational, and enrichment experiences.
Not explicit	F. Trainings are conducted to help parents and families develop skills, such as communication, that support the healthy development of their children.

GUIDELINE 12:

Provide school counseling, physical and behavioral health services that are appropriately confidential and culturally, environmentally, and developmentally appropriate for students, their families, and other caregivers.

Maine SBHC Standard reference	Maine CSHP School Counseling, Physical and Behavioral Health Services Guideline/Indicators
C15	A. The school system's policies adhere to State and Federal laws and regulations of all professional standards.
E27, E34	B. Policies and procedures address ethical and legal concerns, including consumer decision-making, informed consent, privacy, mandated reporting, and information sharing.
A5, B	C. The school personalizes interventions to adapt to relevant individual, cultural, environmental, and developmental differences.
A4, E29, E33	D. School staff are provided general education on the health needs of students, and specific information on the functional needs of an individual student when that information is needed to improve that student's academic performance or health.



APPENDIX V

MAINE SBHC STANDARDS: ASSESSMENT TOOL

For each item in the list below, check those standards that are met. Where indicated, include the date each applicable policy was last created, assessed, revised, and/or updated.

Name of person completing this assessment

Date assessment completed

Name of the SBHC clinical director

Signature of clinical director

SECTION A. THE SBHC STRUCTURE

Standard 1. The SBHC Governing Structure

Clinical Director:

- ☐ The clinical director has a current license to provide primary care independently.
- ☐ The clinical director is involved in program development.
- ☐ The clinical director is involved in delivery of services.

Date clinical director was hired/contracted with

Advisory Committee or Board:

- ☐ The advisory committee meets regularly (at least annually), and meetings are documented.

Date of last meeting

- ☐ The advisory committee includes parents.
- ☐ The advisory committee includes students.
- ☐ The advisory committee includes school staff and administration.
- ☐ The advisory committee includes school nurses.
- ☐ The advisory committee includes community representatives.
- ☐ The advisory committee is involved in program and policy development.

Documentation of Governing Structure:

- ☐ The governing structure of the SBHC is documented.

Date was created or last reviewed and/or updated

The SBHC Facilities

Standard 2. Facilities:

- ☐ The SBHC is in a location that is accessible to all student and clients.
- ☐ There is a secure (locked) place to store medical records (see Section G).

- ☐ There is a secure (locked) place to store lab supplies and pharmaceuticals.

Date supplies and drugs were last inventoried and outdated items disposed of

- ☐ Current fire and building certificates are available for review.

Expiration date of fire certificate

- ☐ Liability coverage exists.

Expiration date of liability coverage

- ☐ Waiting and reception areas allow for appropriate confidentiality.
- ☐ There is appropriate space for confidential counseling if behavioral health services are offered on site.
- ☐ Policies and procedures comply with laws and regulations governing health facilities.

Date was created or last reviewed and/or updated

Expiration date of CLIA certificate (put N/A if no certificate is required)

- ☐ There is at least one exam room that provides for privacy.
- ☐ The exam room(s) has/have a hand-washing sink(s).
- ☐ There is confidential phone and fax access.
- ☐ Exits are clearly marked.
- ☐ There are appropriate safety, emergency, and first aid supplies.

Date supplies were last inventoried and replaced or replenished if necessary

- ☐ All areas are clean and hazard-free.

Standard 3. Mission and Scope of Services

Mission:

- ☐ A mission statement exists.

Date was created, or last reviewed and/or updated

- ☐ The mission includes assessment of the health status and health needs.
- ☐ The mission includes development of sound school health policies in coordination with school nurses and other school health personnel.
- ☐ The mission includes assurance of access to health services.
- ☐ The mission includes assurance of early prevention and health promotion.

Scope of Services:

- ☐ Scope of services is clearly defined for all clients (See Section B).

Date scope of services was last reviewed and/or revised

Standard 4. Needs Assessment

Date last needs assessment was completed

- ☐ Needs assessment process is clearly defined.

Date was created/last updated

- ☐ Needs assessment includes the participation of all stakeholders (students, families, school staff, community providers).

Standard 5. Nondiscrimination

- ☐ There is a nondiscrimination policy that is in accordance with Maine Law.

Date was established or last reviewed and/or updated

- ☐ Nondiscrimination policy is communicated to all stakeholders.

Date of last communication of policy

How it is communicated: _____

- ☐ The SBHC policies, procedures, and practices show sensitivity to subpopulations with unique needs.

Standard 6. Accessibility of Practitioners and Services

- ☐ There are written policies and procedures for access to physical and behavioral health services (See Section B).

Date policies/procedures were created or last reviewed and/or updated

- ☐ There are at least eight (8) hours of NP/PA/Physician services per week over at least two (2) days per week.
- ☐ There are policies and procedures for establishing medical homes.

Date policies/procedures were created or last reviewed and/or updated.

- ☐ Policies and procedures define client's eligibility for services and enrollment procedures.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Policies and procedures define payment options.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Policies include accessible enrollment for uninsured and low-income students.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Policies and procedures provide for continuity of care during summers and vacations, including access to records.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Policies and procedures provide referrals to access 24/7 coverage for students while a medical home is being established.

Date policies/procedures were created or last reviewed and/or updated

Standard 7. Fiscal Accountability

- ☐ Accounting system in place for budgeting and tracking income and expenses.

Date budget, income, and expenses were last reviewed by advisory committee

Standard 8. Billing and Contracting with Health Plans and MaineCare

- ☐ MaineCare is billed.
- ☐ Private insurance is billed according to insurers' requirements.
- ☐ Insurance status of all clients is assessed.
- ☐ Policies and procedures provide information and assistance for MaineCare enrollment to uninsured clients.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Policies address medical records release to insurers for payment purposes.
- ☐ Policies address maintaining minor client confidentiality as appropriate when billing.
- ☐ Providers are credentialed and credentialing requirements are maintained.

SECTION B. HEALTH SERVICES

Standard 9. Scope of Services

- ☐ Services that are provided directly and services that are referred out are defined.
- ☐ All physical and behavioral health needs are addressed in the defined scope of services.

Standard 10. Preventive Care

- ☐ There are policies and procedures for promoting preventive health services.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Preventive care is provided for all students who received a routine physical exam at the SBHC.
- ☐ Preventive care is provided for all students who visit the center at least three (3) times.
- ☐ Preventive care follows Bright Futures (BF) guidelines.
- ☐ Preventive care includes assessment of risk and protective factors.

Standard 11. Acute Care

- ☐ There are policies and procedures for providing care for acute medical conditions.

Date policies/procedures were created or last reviewed and/or updated

- ☐ The SBHC provides assessment and treatment of acute medical conditions, intervention, and referrals.
- ☐ The SBHC's role in urgent medical care in the school is defined.

Date policies/procedures were created or last reviewed and/or updated

Standard 12. Behavioral and Mental Health Crises

- ☐ There are policies and procedures for enabling access to mental health services.

Date policies/procedures were created or last reviewed and/or updated

- ☐ The SBHC provides assessment and treatment of referrals for behavioral and mental health crises.
- ☐ The SBHC's role in behavioral and mental health crises in the school is defined.

Date policies/procedures were created or last reviewed and/or updated

Standard 13. Chronic Health Conditions

- ☐ There are policies and procedures for managing chronic health conditions.

Date policies/procedures were created or last reviewed and/or updated

- ☐ The SBHC identifies clients with chronic conditions.
- ☐ The SBHC assists with management plans as appropriate in coordination with PCPs and other providers.
- ☐ The SBHC follows up with PCPs for clients with newly diagnosed conditions.

Standard 14. Oral Health

- ☐ The SBHC provides referrals or treatment for primary oral health services.

SECTION C. PROFESSIONAL COMPETENCY

Standard 15. Licensing and Background Checks

- ☐ Professionals are licensed and practice according to their licenses.
- ☐ Licenses and credentialing are reviewed annually.

Date licenses and credentials were last reviewed

- ☐ New employees' licenses are reviewed.
- ☐ School nurse(s) in the SBHC have DOE certification.
- ☐ The SBHC staff have background checks.

Standard 16. Continuing Education

- ☐ Staff obtain continuing education appropriate to their practice in the SBHC.
- ☐ Staff obtain training in the SBHCs policies and procedures, medical record keeping, and billing procedures appropriate to their practice in the SBHC.

Date of last training

- ☐ The SBHC staff network with other SBHCs in State.

Date of last meeting attended by at least one staff person

Standard 17. Supervision

- ☐ All staff have appropriate supervision.
- ☐ A medical consultant is available as needed during service hours.

Standard 18. Annual Performance Appraisals

- ☐ All staff have an annual performance appraisal.

Date(s) of last performance appraisal

- ☐ Performance appraisals include data from client satisfaction and client complaints.
- ☐ Performance appraisals include data from quality improvement information.
- ☐ Performance appraisals include data from medical records review.

Standard 19. Disciplinary Procedures

- ☐ Disciplinary procedures and policies are in place.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Disciplinary procedures and policies include a work plan to improve practitioners' performance.
- ☐ Disciplinary procedures and policies include grounds for immediate suspension or termination.
- ☐ Disciplinary procedures and policies include an appeals process.
- ☐ Practitioners are informed of disciplinary process.

Standard 20. Personnel Files

- ☐ Job descriptions are on file.
- ☐ Résumés are on file.
- ☐ Personnel files include performance appraisals and disciplinary actions.
- ☐ Personnel files include documentation of licenses, credentialing, and certifications.
- ☐ Policies and procedures include what, when, and how personnel information will be shared.

Date policies/procedures were created or last reviewed and/or updated

Standard 21. First Aid and CPR

- ☐ Staff are trained in general first aid and CPR.

Date(s) of last training/certification

SECTION D. QUALITY MANAGEMENT AND IMPROVEMENT

Standard 22. Quality Improvement Program Structure

- ☐ The Medical Director or other licensed practitioner is responsible for quality improvement.
- ☐ There is an annual work plan for quality improvement.

Date work plan was created or last reviewed and/or updated

- ☐ Quality improvement responsibilities are assigned to staff members.
- ☐ The Advisory Committee regularly reviews the quality improvement program activities and results.

Date of last review

- ☐ The SBHC is involved in State quality improvement activities as requested.
- ☐ The SBHC is involved in school quality improvement activities as requested.
- ☐ The SBHC is involved in insurers' quality improvement activities as requested.

Standard 23. Satisfaction

- ☐ Annual client satisfaction survey is conducted.

Date of last survey

- ☐ Satisfaction surveys include timely and low-barrier access to care, courteousness, respectfulness, and helpfulness of staff, quality of provider communication, adequacy of time in appointments, and appropriateness of confidentiality.
- ☐ Satisfaction survey of parents is conducted regularly.

Date of last survey

- ☐ Satisfaction survey of school population is conducted regularly.

Date of last survey

- ☐ Satisfaction survey of community providers is conducted regularly.

Date of last survey

- ☐ The advisory committee reviews satisfaction survey results.

Date of last review

Standard 24. Clinical Practice Guidelines

- ☐ Clinical guidelines are based on medical evidence and other established practice guidelines.

List sources: _____

- ☐ There are policies and procedures for safe and effective drug prescription and dispensing.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Practitioners are involved in adoption and periodic review of guidelines.
☐ Clinical guidelines are reviewed biannually.

Date of last review

- ☐ Practitioners are educated on guidelines.
☐ Client education and clinical care are consistent with guidelines.

Standard 25. Data Collection and Analysis

- ☐ Data on services is collected.
☐ Data is analyzed and shared with practitioners.

Date of last review by providers

- ☐ Data is analyzed and shared with advisory committee.

Date of last review by advisory committee

- ☐ Data is used in program development.

Standard 26. Clinical Quality Improvement Activities, Including Intervention and Follow-up

- ☐ The SBHC evaluates students' receipt of preventive care.
☐ At least one clinical condition is selected for review every two years.

Date current clinical condition was selected

Condition(s) currently selected: _____

- ☐ Student utilization of health center is monitored.
☐ Continuity and coordination of care is monitored.

SECTION E. COMMUNICATION AND SCHOOL HEALTH COORDINATION**Standard 27. Communication**

- ☐ Communication policies and procedures are established.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Written informed consent to care of client and/or parent as appropriate is obtained for all clients and renewed on an established schedule.
☐ Communication policies and procedures include confidentiality.
☐ Communication policies and procedures include continuity of care.

Standard 28. Disseminating of Information on Services and Policies

- ☐ Information on services at the SBHC is regularly shared with all students and parents.

Date information was last disseminated

- ☐ Information on enrollment process is regularly shared with all students and parents.

Date information was last disseminated

- ☐ Policies on confidentiality and communication are shared with parents and students.

Date information was last disseminated

- ☐ Policies on complaints and grievances are shared with parents and students.

Date information was last disseminated

- ☐ Above information is shared with school staff and community providers as requested.

Date information was last disseminated

Standard 29. Roles and Responsibilities of the SBHCs and Other Student Support Staff

- ☐ Roles and responsibilities relating to the integration and coordination of school health programs are defined.
- ☐ Relationships with school nurses, school counselors, school social workers, teachers, and administrators are clearly defined.

Date role definitions were created or last reviewed and/or updated

- ☐ The SBHC's role in crisis management defined.

Date role definitions were created or last reviewed and/or updated

- ☐ A Memorandum of Agreement between the school and the medical organization is established.

Date of most recent MOA

Standard 30. Coordination with School Nursing

- ☐ Guidelines for school nursing and the SBHC roles are developed cooperatively.
- ☐ There are clear definitions for school nursing and the SBHC.

Date role definitions were created or last reviewed and/or updated

- ☐ School nurse serves on Advisory Committee.
- ☐ If school nursing is integrated with the SBHC, the guidelines for the school nursing role satisfies DOE school nursing rules and regulations.

Standard 31. Role in Coordinated School Health Programs

- ☐ The SBHC role in CSHP is defined.

Date role definitions were created or last reviewed and/or updated

- ☐ The SBHC follows applicable guidelines for the School Counseling, Physical and Behavioral Health Component of a Coordinated School Health Program (See www.maineeshp.com).

Date guidelines were last reviewed

Standard 32. Role in Maine Learning Results

- ☐ The SBHC reinforces health promotion and disease prevention concepts presented in health education classes.
- ☐ The SBHC reinforces information on how to acquire valid information on health issues, services, and products presented in health education classes.

- ☐ The SBHC reinforces information on risk reduction presented in health education classes.
- ☐ The SBHC reinforces information on influences on health and behavior, including media, culture, technology, peers, and family presented in health education classes.
- ☐ The SBHC reinforces communication skills taught in health education classes.
- ☐ The SBHC reinforces information on decision-making and goal-setting presented in health education classes.

Standard 33. Nondisruption of Classroom Learning

- ☐ The SBHC policies and procedures ensure minimal disruption of student learning.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Appointments are scheduled during non-classroom time when possible.
- ☐ There is communication with classroom teachers and other school staff about scheduling appointments.
- ☐ Staff and students receive information on scheduling policies and procedures.

Date information was last disseminated

SECTION F. CLIENTS' RIGHTS AND RESPONSIBILITIES

Standard 34. Respect and Privacy

- ☐ Policies outline rights of students and families.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Policies outline client privacy as allowable by law.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Policies outline client and parents of minor clients active involvement in health care decisions as allowable by law.

Date policies/procedures were created or last reviewed and/or updated

Standard 35. Grievances

- ☐ Grievance policy and procedures exist.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Student and parents are informed of the grievance policy and procedures.

Date information was last disseminated

Standard 36. Client Responsibilities

- ☐ Clients and parents are informed of their responsibility to provide needed information.

Date information was last disseminated

- ☐ Client and parents are informed of client responsibility to follow practitioner's instructions for agreed-upon care.

Date information was last disseminated

- ☐ Client and parents informed of parental responsibility to assist, as appropriate, minor clients in following practitioner's instructions for agreed-upon care.

Date information was last disseminated

SECTION G. COMMUNICATION AND MEDICAL RECORDS

Standard 37. Record-keeping System

- ☐ Medical records policies and procedures apply to paper and electronic records.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Policies and procedures for the release of any medical records are established.

Date policies/procedures were created or last reviewed and/or updated

- ☐ Release of any medical records abide by State and Federal law.
- ☐ Record-keeping system assures client confidentiality.
- ☐ Records are current, complete, detailed, and organized.
- ☐ There is secure short-term storage.
- ☐ There is secure long-term storage.
- ☐ School nursing records that fall under FERPA regulations are kept separately.

Standard 38. Critical Elements

- ☐ All client records include a record of illnesses and medical conditions on a problem list.
- ☐ All client records include documentation of allergies and medications.
- ☐ All client records include an appropriate medical history.
- ☐ All client records include documentation of diagnoses consistent with findings.
- ☐ All client records include treatment plans appropriate to diagnoses.
- ☐ Regular record reviews are part of the quality improvement plan.

Standard 39. Other Elements

- ☐ Records include documentation of patient's name or ID number on every page.
- ☐ Records include documentation of patient's biographical information (address, parents or guardians, home and work telephone numbers).
- ☐ Records include author identification for medical record entries and can be handwritten, stamped, or electronic.
- ☐ Records are legible by someone other than the author.
- ☐ Records include documentation that history and physical exam records contain subjective and objective information appropriate to the patient's presenting complaints.
- ☐ Records include documentation that the appropriate laboratory tests are ordered.
- ☐ Records include documentation on encounter forms indicating follow-up care, calls, or visits.
- ☐ Records include documentation that problems for previous visits are addressed at follow-up visits.
- ☐ Records include documentation of client requests for specialty care.
- ☐ Records include documentation of referrals and referral status.
- ☐ Consultations and abnormal lab results have notation in record for follow-up plans.
- ☐ Records include documentation that immunization records are up-to-date.
- ☐ Records include documentation regarding the use of cigarettes, alcohol and substances, and the presence or absence of other risk behaviors.
- ☐ Records include indication that preventive screening and services are provided in compliance with the SBHC and MCO practice guidelines.



CONTACT INFORMATION

For more information contact:

Nancy Birkhimer
Teen and Young Adult Health Program
Bureau of Health
Maine Dept. of Human Services
11 State House Station
Key Plaza, 1st floor
Augusta, ME 04333-0011

phone: 207-287-5361

fax: 207-287-3993

TTY/Hearing Impaired call (800) 438-5514

nancy.birkhimer@maine.gov